



**WHISPER DUNES
HOMEOWNERS'
ASSOCIATION, INC.**

**Pool & Cabana Key Fob
Distribution Acknowledgement Form**

Address: _____ Cell Phone: _____

Owner Name: _____ Date: _____

By signing below, I agree that the following have been turned over to my possession. Lost key fobs will have a **replacement fee of \$75.00** which is to be paid to the Association either via check and mailed to **Whisper Dunes Homeowners' Association Inc, 3434 Colwell Ave, Suite 200, Tampa, FL 33614** and referenced "Pool Fob" or paid via the Homeowners' Portal and referenced "Maintenance Fee". Payments must be made in advance prior to receiving a replacement fob. Please schedule your appointment should you wish to pick up your pool fob in person.

Please return completed form to Whisperdunes@rizzetta.com

Print Name

Signature of Owner

Mobile Pass #1 Phone Number

Email of Mobile Pass Holder #1

Mobile Pass #2 Phone Number

Email of Mobile Pass Holder #2

Mailing Address should you prefer to have your fob mailed

Preapproved By Owner & Designated Person for Pick Up to Complete Below

Preapproved Authorized Signee

Relationship to Owner / Agency Name

DO NOT FILL BELOW THIS LINE. OFFICE USE ONLY

Pool Fob # _____ Admin: _____ Date: _____